ALASKA LABOR RELATIONS AGENCY
3301 EAGLE STREET, SUITE 206
ANCHORAGE, ALASKA 99503
(907) 269-4895 Fax (907) 269-4898
labor.relations@alaska.gov

Office use only	
Case No.: -uc	Date Filed:

PETITION FOR UNIT CLARIFICATION
8 AAC 97.050

INSTRUCTIONS: File this petition with the Alaska Labor Relations Agency at the above address. You may also file this form by emailing labor.relations@alaska.gov. A copy of the appropriate completed questionnaire required by 8 AAC 97.050 (f)(2), must be attached. Also attach the current job class specification, position description questionnaire (PDQ), classification memorandum, and any other supporting documents. Serve a copy of this petition and attachments on the employer or labor organization, as appropriate, and any employee whose position is the subject of the petition. Questionnaires required by 8AAC 97.050 (f)(2) can be found online at www.labor.state.ak.us/laborr/forms.htm.

1a. Name of Employer:	1b. Phone/Fax Nos.: 1c. E-mail:
1d. Address (street, city, state, and ZIP code):	1e. Employer Representative:
2a. Name of currently recognized or certified bargaining agent and affiliation:	2b. Phone/Fax Nos.: 2c. E-mail:
2d. Address (street, city, state, and ZIP code):	2e. Contact Person (Name & Title):
2f. Expiration date of current contract, if any:	

3. Other employee organizations known to have an interest in representing any employees described in item 4:

_____

Name/Affiliation Address Contact Person Phone/Fax Nos.

E-mail:_____

4. UC - Unit Clarification - Petitioner Seeks Clarification Of The Following Unit:

a. Name of unit: _____

b. Unit previously certified ☐ yes ☐ no Date of any certification: _____

c. Number of employees in the unit: _____

4. (continued)

d. Approximate number of employees employed by the public employer: _____

e. Describe unit:

f. Proposed Change:

Employee ID (PCN if state employee: _____Current job class title: _____

Proposed job class title, if appropriate: _____

Incumbent's name: _____ Work location: _____

Mailing address: _____ Name of incumbent's supervisor: _____

Supervisor's mailing address: _____

(Attach supplement if more than one employee is affected.)

5. Reason for clarification: (Attach statement if necessary)

6. Description of job duties of affected position (may substitute position description, such as State P.D.Q.):

7. DECLARATION

I declare that I have read the above statements and that the statements are true to the best of my knowledge and belief.

_____ _____ _____

Signature Title Date

_____ _____

Address Telephone Number

This is to certify that on this _____ day of _____a true and correct copy of the foregoing was emailed, mailed, or hand delivered (circle one) to:

_____

_____

_____

(Please include names of the individuals served, including the public employee and employer representative, and affected employee(s)).

_____

Signature